



## **Class-Size Reduction Initiative (CSR)**

***FY 2001 Carry-Over Final Report  
FORMS***



New Jersey Department of Education  
**Improving America's Schools Act (IASA)**  
**Class-Size Reduction Initiative**  
 Fiscal Year 2001

**SUBMIT TO COUNTY  
 OFFICE OF  
 EDUCATION ONLY**

***Carry-Over Final Report***  
***Title Page***

Date received by the  
 county office \_\_\_\_\_

<input type="checkbox"/> <b>Individual LEA Applicant</b>		<input type="checkbox"/> <b>Consortium Applicant</b>		
<b>Final Report for Carry-Over Funds from FY 2001</b>		<b>Project Code: CSR</b> _____ <b>- 01</b>  <b>Project Period: 9/1/01 to 8/31/02</b>		
1. LEA:		2. County:		
3. Project Director:		3a. Tel. #:	3b. FAX #: E-mail:	
4. Address:				
<b>CLASS-SIZE REDUCTION INITIATIVE</b>	<b>5. Carry-Over Approved Amount</b>	<b>6. Expended Amount</b>	<b>7. Unexpended Balance</b>	<b>8. Amount Being Returned to NJDOE</b>
	\$	\$	\$	\$
9. Reason Funds Were Not Expended During the Project Period: (Attach additional sheets, if necessary.)				
10. Board Secretary/Business Administrator (Signature):				Date:
11. Approved by Chief School Administrator (Signature):				Date:
<b>COUNTY/SEA USE ONLY FOR FINAL CARRY-OVER REPORT APPROVAL</b>				
County Office <input type="checkbox"/> Approved <input type="checkbox"/> Denied		ES Signature: _____ Date: _____		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		BA Signature: _____ Date: _____		
OGMD <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature: _____ Date: _____		
<b>COPY DISTRIBUTION:</b> <i>County Office</i> <i>Chief School Administrator</i>				



New Jersey Department of Education  
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Fiscal Year 2001

***Carry-Over Final Report – Status Report***

LEA: \_\_\_\_\_ COUNTY: \_\_\_\_\_ PROJECT CODE: CSR \_\_\_\_ - 01

**Carry-Over Project Period: 9/1/01 to 8/31/02**

GOAL/OBJECTIVE/ ACTIVITY CODE	STATUS OF OBJECTIVES AND ACTIVITIES BASED ON EVALUATION PLAN RESULTS
	<p data-bbox="926 1370 1493 1406">Attach copy of the “CSR Annual Report”</p>

*Use additional sheets, if needed.*



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***Carry-Over Final Report – Budget Summary – Expenditures***

LEA: \_\_\_\_\_ COUNTY: \_\_\_\_\_ PROJECT CODE: CSR \_\_\_\_ - 01

EXPENDITURE CATEGORY	FUNC. & OBJECT CODES	TITLE VI CLASS-SIZE INITIATIVE			
		PROGRAM COSTS	PROFESSIONAL DEVELOPMENT	ADMINISTRATION	TOTAL
		72% Min.	25% Max.	3% Max.	
<b>INSTRUCTION</b>					
Personal Services - Salaries	100-100				
Purchased Prof. & Tech. Services	100-300				
Other Purchased Services	100-500				
General Supplies	100-600				
Other Objects	100-800				
<b>SUBTOTAL INSTRUCTION</b>					
<b>SUPPORT SERVICES</b>					
Personal Services - Salaries	200-100				
Personal Services-Employee Benefits	200-200				
Purchased Prof. & Tech Services	200-300				
<i>Purchased Prof. - Ed. Serv.</i>	200-320				
Purchased Property Services	200-400				
Other Purchased Services	200-500				
<i>Travel</i>	200-580				
Supplies and Materials	200-600				
Other Objects	200-800				
<i>Indirect Costs</i>	200-860				
<b>SUBTOTAL-SUPPORT SERVICES</b>					
<b>FAC ACQ &amp; CONSTRUCTION</b>					
SERV - Buildings	400-720				
Instructional Equipment	400-731				
Noninstructional Equipment	400-732				
<b>SUBTOTAL-FACILITIES ACQ. &amp; CONSTRUCTION SERVICES</b>					
Schoolwide Programs: Abbott	520-930				
Schoolwide Programs: Non-Abbott	520-932				
<b>TOTAL PROJECT EXPENDITURES</b>					

LEA Business Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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***Carry-Over Final Report – Budget Detail – Expenditures***

LEA: \_\_\_\_\_ COUNTY: \_\_\_\_\_ PROJECT CODE: CSR \_\_\_\_ - 01

TPAF/FICA 7.65% minimum

Carry-Over Project Period: 9/1/01-8/31/02

EXPENDITURE CATEGORIES			ITEMIZED BUDGET		
EXPENDITURE CATEGORY	FUNCTION/OBJECT CODES	DESCRIPTION/ITEMIZATION	AMOUNTS		
			Program	Prof. Dev.	Admin.



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***Carry-Over Final Report – Federal Equipment Inventory***

LEA: \_\_\_\_\_ COUNTY: \_\_\_\_\_ PROJECT CODE: CSR \_\_\_\_ - 01

Carry-Over Project Period: 9/1/01-8/31/02

Acquisition Date	Description (Name, Type, Size)	Manufacturer/ Model	Serial/Inventory Number	Unit Acquisition Cost	CSR Cost	% of CSR Cost	Location in LEA
					GRAND TOTAL		
					\$		

LEA Business Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_